PTO/SB/22 (12-04)

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| - as/ | | | | |
|---|-------------------------------------|------------------------------|---------------------------|----------------------|
| RESIDON FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | | Docket Number (Optional) | |
| FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | | 840 | 03.956 |
| Application | Number 10/635,043 | | Filed 08/ | /05/2003 |
| For METHOD OF COVERING A POT WITH A FLORAL SLEEVE HAVING A SIDE-SEALED BOTTOM GUSSET | | | | |
| Art Unit 3643 Examiner J. Gellner | | | | |
| This is a req application. | uest under the provisions of 37 CFF | 1.136(a) to extend the perio | d for filing a reply in t | the above identified |
| The request | ed extension and fee are as follows | (check time period desired a | nd enter the appropri | ate fee below): |
| | | <u>Fee</u> | Small Entity Fee | |
| | One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ |
| | Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ |
| \boxtimes | Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | s <u>1020</u> |
| | Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ |
| | Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ |
| Applicant claims small entity status. See 37 CFR 1.27. | | | | |
| A check in the amount of the fee is enclosed. | | | | |
| Rayment by credit card. Form PTO-2038 is attached. | | | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | |
| | | | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number I have enclosed a duplicate copy of this sheet. | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | |
| I am the | applicant/inventor. | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). | | | | |
| | attorney or agent of recor | d. Registration Number _ | 46,768 | |
| attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 | | | | |
| John Rit | | | 04/05/2006 | |
| Signature | | | Date | |
| : | Kathryn L. Hester, Ph.D. | | (405) 607-8600 | |
| Typed or printed name | | | Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | |
| X Total of forms are submitted. | | | | |
| This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the | | | | |